



CTUIR

DAY SUPPLY:

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|------------------------------|---------------|
| <i>Retail Pharmacy</i> | 30 day supply |
| <i>Mail Service Pharmacy</i> | 90 day supply |

COPAY: The copay amount as specified below applies to each covered prescription or refill.

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| <i>Retail Pharmacy <u>Generic</u></i> | \$10.00 |
| <i>Retail Pharmacy <u>Brand</u></i> | \$10.00 |
| <i>Mail Service Pharmacy <u>Generic</u></i> | \$20.00 |
| <i>Mail Service Pharmacy <u>Brand</u></i> | \$20.00 |

COVERED ITEMS: The following items are covered under this drug benefit.

- prescription drugs except as listed in excluded items
- diabetic supplies, including insulin, insulin syringes, testing supplies
- prenatal vitamins requiring a prescription
- contraceptives
- fluoride requiring a prescription
- select over-the-counter drugs with \$0.00 copay (Prilosec OTC, Claritin, loratadine)

EXCLUDED ITEMS: The following items are **not** covered under this drug benefit.

- over the counter drugs (except those listed in covered items)
- appetite suppressants and drugs for weight loss
- drugs and medications used for cosmetic purposes (tretinoin/Retin-A requires authorization for patients over 26 years of age)
- fertility/infertility drugs
- smoking deterrents
- growth hormone
- steroids for body building
- injectable drugs not listed below
- vitamins, except prenatal
- drugs to treat impotency (i.e.: Viagra, Cialis)

COVERED INJECTABLE ITEMS: The following injectable items are covered under this drug benefit.

- insulin
- Byetta
- drugs used to treat rheumatoid arthritis
- drugs used to treat muscular sclerosis
- drugs used to treat Hepatitis C
- anaphylaxis therapy agents (i.e.: Epi-Pen)
- glucagon
- drugs used to treat migraines